

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name				Telephone Number		Date of Inspection (mm/dd/yr) 8/7/2019 PERMIT # 19-286					
Southern Indiana Rehabilitation Hospital Establishment Address (number and street, city, state, zip code)											
					" "						
3104 Blackish Mill Rd. New Albuy, IN 47157 Owner				Purpose:	Follow-up Release Date						
VIBRA Hulthine				. Routine	No 10 days						
Owner's Address Person in Charge Gisek Balogon				2. Follow-up 3. Complaint		Summary of Violations:					
				4. Pre-Operational	C						
				1 '		C. T. NC I R. G.					
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)						
				6. HACCP			•				
Certified Food Manager				7. Other (list)	12	23	_4 <u>X_</u> 5				
M/A - hospital excumption						_					
• CRITICA	L ITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NA	ARRATIVE COLUMNS I	MARKED "C"							
• VIOLATI	ON(S) REPEAT	TED FROM PREVIOUS INSPECTIONS ARE	E DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	AND IN THE	NARRATIVE	BELOW AS "R"				
Section#	C/NC	R -	Narrative	. <u>.</u>		To Be Co	orrected By				
245	NC	Observat damps rays allowed	1 h de lout.	f conitrue caluties		TODA	Y				
297	NC	Observed the breaking but	16 to be moved			TODA					
310	ا عرا	Observed spill in diving room andiment cabinet				TODAY					
431	rd C	Observation of the	Ann (h	cohint		T-DA					
	† <u>••</u> •	DE SPITE OF BUILDING	11001 64070-0			(-97)					
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Received by (name and title printed): BELL M. BALOGUN Received by (signature):				Inspected by (name and title printed): A.J. Inspected by (EHS) Inspected by (signature):							
								an			
								co:	K WV	CC:	
						[CC.			cc:		